

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000000096

FILED  
May 01, 2009  
Secretary of State

Entity Name: ANNANSI PRODUCTIONS, LLC

**Current Principal Place of Business:**

13596 NW 9TH COURT  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

13596 NW 9TH COURT  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

FEI Number: 90-0435211      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ANNANE, DEBRA W  
13596 NW 9TH COURT  
PEMBROKE PINES, FL 33028 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANNANE, DEBRA W  
Address: 13596 NW 9TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR ( ) Delete  
Name: ANNANE, BACHIR  
Address: 13596 NW 9TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BACHIR ANNANE

MGR

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date